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Image# 201602189008491223

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than An Authoriz	ed Committee	Off	ice Use Only
1. NAME OF COMMITTEE (in full)		example: If typing, type ver the lines.	12FE4M5	
National Association of	Mutual Insurance Comp	anies PAC		
ADDRESS (number and street) Check if different than previously	PO Box 68700 Indianapolis			46268
reported. (ACC) 2. FEC IDENTIFICATION NU			STATE A	ZIP CODE A
C C00170258	3. IS THIS REPOR	V	AMENI (A)	DED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Quarterly Report (Quarterly Report (Quarterly Report (Quarterly Report (Quarterly Report (Quarterly Report (National Pear Report (Non-election Year Only) (MY) Termination Report (TER)	2) PRE-Election Report for the: (d) 30-Day	Jun 20 (M6)	Aug 20 (Sep 20 (Oct 20 (I General (12G Special (12S) Runoff (30R)	M9) Dec 20 (M12) (Non-Election Year Only) M10) Jan 31 (YE) Runoff (12R)
5. Covering Period 01	01 _ 2016 _	through 01	/ D D / Y	2016
I certify that I have examined thi Type or Print Name of Treasurer	s Report and to the best of my kind. Mr. Gregg A. Dykstra J.D.	nowledge and belief it is tru	ue, correct and co	mplete.
Signature of Treasurer Mr. G	regg A. Dykstra J.D.		Date 02	17 / 2016
Office	eous, or incomplete information may	subject the person signing the	T	FEC FORM 3X
Use Only				Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name National Association of Mutual Insurance Companies PAC 2016 01 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 94271.84 January 1, 2016 (b) Cash on Hand at 94271.84 Beginning of Reporting Period..... 22815.75 22815.75 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 117087.59 117087.59 6(a) and 6(c) for Column B)..... 16120.48 16120.48 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 100967.11 100967.11 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0740.04	6740.24
(i) Itemized (use Schedule A)	6749.34	6749.34
(ii) Unitemized(iii) TOTAL (add	13001.88	13001.88
Lines 11(a)(i) and (ii)	19751.22	19751.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	2000.00	2000.00
(such as PACs)		20000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	21751.22	21751.22
Transfers From Affiliated/Other	7	
Party Committees	0.00	0.00
=		
. All Loans Received	0.00	0.00
	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	61.31	61.31
(Carry Totals to Line 37, page 5)	01.01	01.31
. Refunds of Contributions Made to Federal Candidates and Other		
Political Committees	0.00	0.00
	0.00	0.00
Other Federal Receipts	1002.22	1003.22
(Dividends, Interest, etc.)	1003.22	1003.22
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(IIOIII Ochedule 110)	0.00	0.00
# N N N N N N N N N N N N N N N N N N N	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	22815.75	22815.7
. Total Federal Receipts		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calonial Total to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	. 0.00	0.00
(b) Other Federal Operating Expenditures	120.48	120.48
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))	. ▶ 120.48	120.48
Transfers to Affiliated/Other Party	0.00	0.00
Committees Contributions to Federal Candidates/Committees	450000	
and Other Political Committees	. 15000.00	15000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures		
(2 U.S.C. §441a(d)) (use Schedule F)	. 0.00	0.00
Loan Repayments Made	. 0.00	0.00
Loans Made	. 0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	. 0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	. 0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	. • 0.00	0.00
Other Disbursements	. 1000.00	1000.00
Federal Election Activity (2 U.S.C. §431(2	20))	
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
		0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirel		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add . Lines 30(a)(i), 30(a)(ii) and 30(b))	2.22	0.00
Total Disbursements (add Lines 21(c), 22		
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).		16120.48
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	16120.48	16120.48
HOTH LINE OT /	10120.40	13120.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	21751.22	21751.22
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21751.22	21751.22
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	120.48	120.48
. Offsets to Operating Expenditures (from Line 15, page 3)	61.31	61.31
Net Operating Expenditures (subtract Line 37 from Line 36)	59.17	59.17

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF (check only one)

X 11a 11b 11c 12

13 14 15 16

19

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Michael Jim Alexander Date of Receipt Mailing Address PO Box 2502 08 2016 City Zip Code State Transaction ID: A00BBFD94A4DA4AE29C9 ND Fargo 58108-2502 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Executive Vice President & CEO Nodak Mutual Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. David L. Anderson CPCU, PFMM Date of Receipt Mailing Address PO Box 276 01 12 2016 City State Zip Code Transaction ID: A3667C353AF2D42D08F0 SD Canton 57013-0276 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Farm Mutual Insurance Company of Linco President Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. John S. Benson Date of Receipt Mailing Address 1 Mutual Ave 01 29 2016 City Zip Code State Transaction ID: A1D0ABAA584454813919 MI Frankenmuth 48787-1000 Amount of Each Receipt this Period FEC ID number of contributing 116.00 С federal political committee. Name of Employer Occupation Chairman & CEO Frankenmuth Mutual Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 232.00 Other (specify) 1366.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	IMBER	:	PAGE	:	7	OF	19	
Use separate schedule(s)	(che	(check only one)									
for each category of the Detailed Summary Page	X	11a		11b		11c		12			
		13		14		15		16	Г	\Box_{17}	

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Jonathan Bergner Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2102 C Occupation Federal Affairs Manager Aggregate Year-to-Date ▼ 500.00	Date of Receipt O1 11 2016 Transaction ID : AAEC1514D798143BDBCD Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mr. Todd Bossuyt Mailing Address PO Box 48 City Cottonwood FEC ID number of contributing federal political committee. Name of Employer North Star General Insurance Company Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code MN 56229-0048 C Occupation Vice President Underwriting Aggregate Year-to-Date ▼ 250.00	Date of Receipt O1 11 2016 Transaction ID : AE8ECDF6101954FF8A3E Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Dan DeArment PFMM Mailing Address PO Box 646 City Bedford FEC ID number of contributing federal political committee. Name of Employer Friends Cove Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code PA 15522-0646 C Occupation President/CEO Aggregate Year-to-Date ▼ 350.00	Date of Receipt 01 20 2016 Transaction ID: A236E30C784FF43FE9C7 Amount of Each Receipt this Period 350.00
SUBTOTAL of Receipts This Page (optional)	>	1100.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: **PAGE** 8 OF 19 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Ms. Linda Duch Date of Receipt Mailing Address 4551 Gulf Shore Blvd N # PH8 2016 City State Zip Code Transaction ID : A86CA5493853243B680B FL **Naples** 34103-2219 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Merchants Mutual Insurance Company Director Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Michael L. Flugum PFMM, CPCU Date of Receipt Mailing Address PO Box 48 01 2016 11 City State Zip Code Transaction ID: A3D4496AD719045EE9B9 MN Cottonwood 56229-0048 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation North Star Mutual Insurance Company Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. R. Douglas Haines Date of Receipt Mailing Address 1 Heritage PI 01 04 2016 City Zip Code State Transaction ID: A7DD889AE05AB4A6EBBF OH Piqua 45356-4148 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation President & CEO Buckeye State Mutual Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOR LINE N	NUMBER:	PAGE	9 ()F	1
Use separate schedule(s)	(check only	one)				
for each category of the Detailed Summary Page	X 11a	11b	11c	12		
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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)	•	
National Association of Mutual I	nsurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Peter C. Hellie		Date of Receipt
Mailing Address 269 Barstad Road South		0.1
City Cottonwood	State Zip Code MN 56229	Transaction ID : AB3E1009F7948497C857 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer North Star Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupation CFO & Treasurer Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Joe E. Hoff CPCU Mailing Address PO Box 48		Date of Receipt
City Cottonwood FEC ID number of contributing federal political committee. Name of Employer	State Zip Code MN 56229-0048 C	01 11 2016 Transaction ID: A8096330E0A3748068C0 Amount of Each Receipt this Period 400.00
North Star Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Executive Vice President & Chief Opera Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mr. Gregory D. Johnson Mailing Address PO Box 48 City Cottonwood	State Zip Code MN 56229-0048	Date of Receipt 01 11 2016 Transaction ID: A224C5E82B5994F9FA66 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer North Star Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		950.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 10 OF 19 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Ms. Margaret Kafka Date of Receipt Mailing Address 250 Main St 08 2016 City Zip Code State Transaction ID: A31315D5663C948A6947 NY Buffalo 14202-4104 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation VP Corporate Service Merchants Mutual Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Jeffrey L. Mauland CPCU Date of Receipt Mailing Address PO Box 48 01 2016 11 City State Zip Code Transaction ID : A2CF502846AE94482B18 MN Cottonwood 56229-0048 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation North Star Mutual Insurance Company President/CEO & Chairman Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Gary J. Metz CPCU Date of Receipt Mailing Address PO Box 48 01 11 2016 City State Zip Code Transaction ID: A78DE28EE959F4BBB9B2 MN Cottonwood 56229-0048 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation North Star Mutual Insurance Company Assistant Claims Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOF	LINE	NU	MBER	:	PAGE	F	19			
Use separate schedule(s)	(che	(check only one)									
for each category of the Detailed Summary Page	X	11a		11b		11c		12			
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Eric Nelson Mailing Address 1460 Wells St City Enumclaw FEC ID number of contributing federal political committee. Name of Employer Mutual of Enumclaw Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WA 98022-3003 C Occupation President & CEO Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Melinda Schmidt Mailing Address PO Box 48 City Cottonwood FEC ID number of contributing federal political committee. Name of Employer North Star Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MN 56229-0048 C Occupation Senior Vice President Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Athan M. Shinas Mailing Address 1460 Wells St City Enumclaw FEC ID number of contributing federal political committee. Name of Employer Mutual of Enumclaw Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WA 98022-3003 C Occupation General Counsel Aggregate Year-to-Date ▼	Date of Receipt O1 25 2016 Transaction ID : ABA9BE3378A3443E5AE7 Amount of Each Receipt this Period 208.34
SUBTOTAL of Receipts This Page (optional)	•	708.34
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 12 OF 19 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Donald A. Smith Jr. Date of Receipt Mailing Address 3030 N 3rd St 2016 City Zip Code State Transaction ID: A3359D853E7614001B08 Phoenix ΑZ 85012-3074 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Name of Employer Occupation President & CEO CopperPoint Mutual Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. James Streff FCAS, MAAA Date of Receipt Mailing Address 1178 College Ave 01 2016 11 City State Zip Code Transaction ID: A161DDEB5836B410DB05 Red Wing MN 55066-2438 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation North Star Mutual Insurance Company Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375.00 SUBTOTAL of Receipts This Page (optional)..... 6749.34 TOTAL This Period (last page this line number only).....

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 OF 19							
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)							
•••	LIMIZED RECEIP 13		Detailed Summary Page	11a 11b X 11c 12							
			, ,	13 14 15 16 17							
	ny information copied from such Reports and State for commercial purposes, other than using the										
\setminus	NAME OF COMMITTEE (In Full)										
	National Association of Mutual Ir	nsurance	e Companies PAC								
Α.	Full Name (Last, First, Middle Initial) American Family Mutual Insurance Con	mpany Fe	deral PAC (AMFAM PAC)	Date of Receipt							
	Mailing Address 6000 American Parkway			01 29 2016							
	City	State	Zip Code	Transaction ID : A20EB54805C714F81A58							
	Madison	WI	53783	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C co	0354290	2000.00							
	Name of Employer	Occupation									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		2000.00								
	Other (specify) ▼		2000.00								
В.	Full Name (Last, First, Middle Initial)			Date of Receipt							
٠.	Mailing Address			M M / D D / Y Y Y Y Y							
				_							
	City	State	Zip Code	Assessment of Freeh Donated to Burning							
				Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C									
	·	Occuration									
	Name of Employer	Occupation									
	Receipt For:	Aggregate	Year-to-Date ▼	_							
	Primary General	Aggregate	Tear to Bate ¥								
	Other (specify) ▼										
_	Full Name (Last, First, Middle Initial)										
C.				Date of Receipt							
	Mailing Address			M = M / D = D / Y = Y = Y							
	City	State	Zip Code								
				Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee. Name of Employer Occupa										
	Receipt For:	Aggregate	Year-to-Date ▼	_							
	Primary General	33 94.0									
	Other (specify) ▼		7								
Г											
5	SUBTOTAL of Receipts This Page (optional)			2000.00							
\vdash				,							

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 OF 19 (check only one)													
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	.,, 01	11b 14	11c X 15	F	12 16	17						
	y information copied from such Reports and for commercial purposes, other than using the							of solicition									
	NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance	e Companies PAC														
Α.									Date of Receipt								
	Mailing Address 3601 Vincennes Rd				01 22 _ 2016 _												
	City Indianapolis	State IN	Zip Code 46268-1154	\square							44D784						
	FEC ID number of contributing federal political committee.	С	40200-1134		Amour	nt of	Each	Receipt	this f	Period 61.	31						
	Name of Employer	Occupation	1	<u> </u>	Reimb.	of Ba	ank Fe	es									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 61.31]													
— В.	Full Name (Last, First, Middle Initial)		Date of Receipt														
Б.	Mailing Address			M = M / D = D / Y = Y = Y													
	City	State		Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С															
	Name of Employer	Occupation	1														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼														
	Full Name (Last, First, Middle Initial)				Date of Receipt												
	Mailing Address				M = 1	M /	D	D /	Y Y	/ = Y =	Y						
	City	State	Zip Code		Amour	nt of	Each	Receipt	this I	Period							
	FEC ID number of contributing federal political committee. Name of Employer Occup																
			1														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]													
s	UBTOTAL of Receipts This Page (optional)			-			7			61.3	31						
T,	OTAL This Period (last page this line number	only)		_			-		-	61.3	31						

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 OF 19 (check only one)						
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17						
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual	e name and address of any political committee							
/ National Association of Mutual	insulance Companies FAC							
Full Name (Last, First, Middle Initial) Chase Bank Mailing Address 8751 Michigan Rd		Date of Receipt						
0::	7. 0. 1	01 29 2016						
City Indianapolis	State Zip Code IN 46268-3141	Transaction ID : A6492B8FC85BC422EB7B Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	2.84						
Name of Employer	Occupation	Interest						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	3.22							
Full Name (Last, First, Middle Initial) Chase Bank		Date of Receipt						
Mailing Address 8751 Michigan Rd		01 29 2016						
City	State Zip Code	Transaction ID : AA8407B78A9B64013981						
Indianapolis FEC ID number of contributing	IN 46268-3141	Amount of Each Receipt this Period						
federal political committee.	C	0.38						
Name of Employer	Occupation	Interest						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	3.22							
Full Name (Last, First, Middle Initial) Sterling Insurance Company		Date of Receipt						
Mailing Address PO Box 9		01 14 _ 2016 _						
City Cobleskill	State Zip Code NY 12043-0009	Transaction ID : A9076302A65F042D29AE						
FEC ID number of contributing federal political committee.	C 12043-0009	Amount of Each Receipt this Period 1000.00						
Name of Employer	Occupation	Clerical error resulting in mis-deposit - see correct 1/26/16						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]						
SUBTOTAL of Receipts This Page (optional)		1003.22						
TOTAL This Period (last page this line number	only)	1003.22						

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SCHEDULE B (FEC Form 3X)			FOR L	INE N	IUMBER:				PAGE	16 (OF	19
ITEMIZED DISBURSEMENTS	Use separate for each cated		1 '	(check only one)								
	Detailed Sumi			21b	22		23 20h	Ш	24 28c	25		26
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 18 OF 19					
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National Association of Mutual Insu	ırance Companies F	PAC							
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A. National Republican Congressiona	I Committee		Date of Disburser						
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City	State Zip Code		Transaction ID	: B2EE1365A140F40F3A8C					
Washington	DC 20003-1838		Transaction ib	. BZEE1303A1401 401 3A00					
Purpose of Disbursement Political Contribution			Amount of Each I	Disbursement this Period					
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or for commercial purposes, other than using the nar	ne and address of any politi	icai committee to	solicit contributions for	rom such committee.			
NAME OF COMMITTEE (In Full) National Association of Mutual Inst	urance Companies	PAC					
/							
Full Name (Last, First, Middle Initial) A. Sterling Insurance Company			Date of Disbursem	nent			
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Mailing Address PO Box 9			01 26	2016			
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